Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	LONG-WEARABLE SOFT CONTACT LENS
Attorney Docket Number::	8050-1007-1
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

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Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: JAPAN
Status:: Full Capacity
Given Name:: JUNICHI
Middle Name::
Family Name:: IWATA
Name Suffix::
City of Residence:: NOBEOKA-SHI
State or Province of Residence::
Country of Residence:: JAPAN
Street of Mailing Address:: 157, ATAGOMACHI-3-CHOME
City of Mailing Address:: NOBEOKA-SHI
State or Province of Mailing Address::
Country of Mailing Address:: JAPAN
Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: JAPAN
Status:: Full Capacity
Given Name:: TSUNEO
Middle Name::
Family Name:: HOKI
Name Suffix::
City of Residence:: NOBEOKA-SHI
State or Province of Residence::
Country of Residence:: JAPAN
Street of Mailing Address:: 157, ATAGOMACHI-3-CHOME
City of Mailing Address:: NOBEOKA-SHI

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State or Province of Mailing Address::
Country of Mailing Address:: JAPAN
Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: JAPAN
Status:: Full Capacity
Given Name:: SEIICHIROU
Middle Name::
Family Name:: IKAWA
Name Suffix::
City of Residence:: NOBEOKA-SHI
State or Province of Residence::
Country of Residence:: JAPAN
Street of Mailing Address:: 157, ATAGOMACHI-3-CHOME
City of Mailing Address:: NOBEOKA-SHI
State or Province of Mailing Address::
Country of Mailing Address:: JAPAN
Postal or Zip Code of Mailing Address::

Correspondence Information

Correspondence Customer Number:: 000466

Representative Information

Representative Customer Number::	000466

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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Division of	09/737,809	12/18/00

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
JAPAN	11-357376	12/16/99	Yes
JAPAN	11-358699	12/17/99	Yes

Assignment Information

Assignee Name:: ASAHIKASEI AIME CO., LTD
Street of Mailing Address:: 15-32, HIGASHICHO ISOGO-KU, YOKOHAMA-SHI
City of Mailing Address:: KANAGAWA
State or Province of Mailing Address::
Country of Mailing Address:: JAPAN
Postal or Zip Code of Mailing Address::

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